

General

Title

Acute myocardial infarction (AMI): median time from ED arrival to administration of fibrinolytic therapy in ED patients with ST-segment elevation on the ECG performed closest to ED arrival and prior to transfer.

Source(s)

Centers for Medicare and Medicaid Services (CMS). Hospital outpatient quality reporting specifications manual, version 11.0. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); Effective 2018 Jan. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the median time (in minutes) from emergency department (ED) arrival to administration of fibrinolytic therapy in ED patients 18 years and older with acute myocardial infarction (AMI) and ST-segment elevation on the electrocardiogram (ECG) performed closest to ED arrival and prior to transfer.

The median time to fibrinolysis should be analyzed in conjunction with the measure rate for fibrinolysis received within 30 minutes of ED arrival (OP-2). These measures, used together, will assist in understanding the median time to fibrinolysis and will identify the number of AMI patients who are receiving fibrinolysis within 30 minutes of ED arrival and potential opportunities for improvement to decrease the median time to fibrinolysis. See the related National Quality Measures Clearinghouse (NQMC) summary of the CMS OP-2 measure [Acute myocardial infarction \(AMI\): percentage of ED patients with AMI and ST-segment elevation on the ECG closest to arrival time receiving fibrinolytic therapy during the ED stay and having a time from ED arrival to fibrinolysis of 30 minutes or less](#).

Rationale

Time to fibrinolytic therapy is a strong predictor of outcome in patients with an acute myocardial infarction (AMI). Nearly 2 lives per 1,000 patients are lost per hour of delay (Fibrinolytic Therapy Trialists' [FTT] Collaborative Group, 1994). National guidelines recommend that fibrinolytic therapy be given within 30 minutes of hospital arrival in patients with ST-segment elevation myocardial infarction (Antman et al., 2008).

Evidence for Rationale

Antman EM, Hand M, Armstrong PW, Bates ER, Green LA, Halasyamani LK, Hochman JS, Krumholz HM, Lamas GA, Mullany CJ, Pearle DL, Sloan MA, Smith SC Jr, Anbe DT, Kushner FG, Ornato JP, Pearle DL, Sloan MA, Jacobs AK, Adams CD, Anderson JL, Buller CE, Creager MA, Ettinger SM, Halperin JL, Hunt SA, Lytle BW, Nishimura R, Page RL, Riegel B, Tarkington LG, Yancy CW, Canadian Cardiovascular Society, American Academy of Family Physicians, American College of Cardiology, American Heart Association. 2007 focused update of the ACC/AHA 2004 guidelines for the management of patients with ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol*. 2008 Jan 15;51(2):210-47. [90 references] [PubMed](#)

Centers for Medicare and Medicaid Services (CMS). Hospital outpatient quality reporting specifications manual, version 11.0. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); Effective 2018 Jan. various p.

Fibrinolytic Therapy Trialists' (FFT) Collaborative Group. Indications for fibrinolytic therapy in suspected acute myocardial infarction: collaborative overview of early mortality and major morbidity results from all randomised trials of more than 1000 patients. *Lancet*. 1994 Feb 5;343(8893):311-22. [58 references] [PubMed](#)

Krumholz HM, Anderson JL, Bachelder BL, Fesmire FM, Fihn SD, Foody JM, Ho PM, Kosiborod MN, Masoudi FA, Nallamothu BK, American College of Cardiology/American Heart Association Task Force on Performance Measures, American Academy of Family Physicians, American College of Emergency Physicians, American Association of Cardiovascular and Pulmonary Rehabilitation, Society for Cardiovascular Angiography and Interventions, Society of Hospital Medicine. ACC/AHA 2008 performance measures for adults with ST-elevation and non-ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures (Writing Committee to Develop Performance Measures for ST-Elevation and Non-ST-Elevation Myocardial Infarction). *J Am Coll Cardiol*. 2008 Dec 9;52(4):2046-99.

O'Gara PT, Kushner FG, Ascheim DD, Casey DE Jr, Chung MK, de Lemos JA, Ettinger SM, Fang JC, Fesmire FM, Franklin BA, Granger CB, Krumholz HM, Linderbaum JA, Morrow DA, Newby LK, Ornato JP, Ou N, Radford MJ, Tamis-Holland JE, Tommaso JE, Tracy CM, Woo YJ, Zhao DX, CF/AHA Task Force. 2013 ACCF/AHA guideline for the management of ST-elevation myocardial infarction: executive summary: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2013 Jan 29;127(4):529-55. [PubMed](#)

Primary Health Components

Acute myocardial infarction (AMI); ST-segment elevation; fibrinolytic therapy; electrocardiogram (ECG)

Denominator Description

Included populations:

An Evaluation and Management (E/M) Code for emergency department (ED) encounter (as defined in Appendix A, OP Table 1.0 of the original measure documentation), and
Patients discharged/transferred to a short-term general hospital for inpatient care, or to a federal

healthcare facility, and

An International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)

Principal Diagnosis Code for acute myocardial infarction (AMI) (as defined in Appendix A, OP Table 1.1 of the original measure documentation), and

ST-segment elevation on the electrocardiogram (ECG) performed closest to ED arrival, and

Fibrinolytic Administration (as defined in the Data Dictionary)

See the related "Denominator Inclusions/Exclusions" field.

Numerator Description

Continuous variable statement: Time (in minutes) from emergency department (ED) arrival to administration of fibrinolytic therapy in acute myocardial infarction (AMI) patients with ST-segment elevation on the electrocardiogram (ECG) performed closest to ED arrival and prior to transfer

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

This measure is being collected by hospitals paid under the Outpatient Prospective Payment System; about 4,000 hospitals across the nation. The measure has been collected since April 1, 2008. In 2014, validity testing of critical data elements was performed on this measure for the measure period of January 1, 2012 to December 31, 2012.

Evidence for Extent of Measure Testing

Larbi F. Personal communication: CMS hospital outpatient department quality measures. 2014 Jul 24.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Emergency Department

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

ICM Care Needs

Getting Better

IOM Domain

Effectiveness

Timeliness

Data Collection for the Measure

Case Finding Period

Encounter dates: January 1 through December 31

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Diagnostic Evaluation

Encounter

Institutionalization

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

An Evaluation and Management (E/M) Code for emergency department (ED) encounter (as defined in Appendix A, OP Table 1.0 of the original measure documentation), and
Patients discharged/transferred to a short-term general hospital for inpatient care, or to a federal healthcare facility, and
An International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Principal Diagnosis Code for acute myocardial infarction (AMI) (as defined in Appendix A, OP Table 1.1 of the original measure documentation), and
ST-segment elevation on the electrocardiogram (ECG) performed closest to ED arrival, and
Fibrinolytic Administration (as defined in the Data Dictionary)

Exclusions

Patients less than 18 years of age

Patients who did not receive *Fibrinolytic Administration* within 30 minutes and had a *Reason for Delay in Fibrinolytic Therapy* (as defined in the Data Dictionary)

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Continuous variable statement: Time (in minutes) from emergency department (ED) arrival to administration of fibrinolytic therapy in acute myocardial infarction (AMI) patients with ST-segment elevation on the electrocardiogram (ECG) performed closest to ED arrival and prior to transfer

Exclusions

None

Numerator Search Strategy

Encounter

Data Source

Administrative clinical data

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

- A software application designed for the collection and analysis of quality improvement data, the CMS Abstraction and Reporting Tool (CART), is available from the [QualityNet Web site](#) .
- Acute Myocardial Infarction (AMI) Hospital Outpatient Population Algorithm OP-1 through OP-5
- Algorithm Narrative for OP-1 through OP-5: AMI Hospital Outpatient Population
- OP-1: Median Time to Fibrinolysis Algorithm
- Algorithm Narrative for OP-1: Median Time to Fibrinolysis

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Mean/Median

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

OP-1: hospital outpatient acute myocardial infarction: median time to fibrinolysis.

Measure Collection Name

Hospital Outpatient Quality Measures

Measure Set Name

Acute Myocardial Infarction (AMI)

Submitter

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Developer

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Funding Source(s)

United States Department of Health and Human Services

Composition of the Group that Developed the Measure

The measure was developed by the Centers for Medicare & Medicaid Services (CMS) Contractor at the time, the Oklahoma Foundation for Medical Quality Contractor. The measure continues to be maintained by CMS and its current measure maintenance contractor, Mathematica Policy Research, in conjunction with a multi-disciplinary Technical Expert Panel.

Financial Disclosures/Other Potential Conflicts of Interest

None

Measure Initiative(s)

Hospital Outpatient Quality Reporting Program

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2018 Jan

Measure Maintenance

Twice yearly

Date of Next Anticipated Revision

None

Measure Status

This is the current release of the measure.

This measure updates a previous version: Centers for Medicare and Medicaid Services (CMS). Hospital outpatient quality reporting specifications manual, version 9.0a. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); Effective 2016 Jan 1. various p.

Measure Availability

Source available from the [QualityNet Web site](#) .

Check the QualityNet Web site regularly for the most recent version of the specifications manual and for the applicable dates of discharge.

NQMC Status

This NQMC summary was completed by ECRI Institute on February 20, 2009. The information was verified by the measure developer on May 8, 2009.

This NQMC summary was retrofitted into the new template on May 20, 2011.

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This NQMC summary was updated by ECRI Institute on May 7, 2014. The information was verified by the measure developer on July 3, 2014.

This NQMC summary was updated by ECRI Institute on December 22, 2015. The information was verified by the measure developer on January 28, 2016.

This NQMC summary was updated again by ECRI Institute on January 16, 2018. The information was verified by the measure developer on February 7, 2018.

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The Hospital Outpatient Quality Reporting Specifications Manual is periodically updated by the Centers for Medicare & Medicaid Services. Users of the Hospital OQR Specifications Manual must update their software and associated documentation based on the published manual production timelines.

Production

Source(s)

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